



REQUEST FOR ENVIRONMENTAL PREPAREDNESS TESTING

Date: _____

Collection Time: _____

Page ____ of ____

DIRECTIONS: Complete this form for each *BATCH* of samples. Complete DPHL “Chain of Custody Form for Environmental Preparedness Samples” for EACH sample container. For clinical samples, use clinical forms.

SUBMITTED SAMPLE INFORMATION

	Sample Type Check type below	Number Submitted
	Opened Envelope/Letter	
	Unopened Envelope/Letter	
	Powder	
	Environmental Swab	
	Liquid	
	Drinking Water	
	Food (specify):	
	Unknown	
	Mixed Sample:	
	BDS cartridge	
	Other (specify):	
Total number of samples?		
Potential number of exposed persons?		
Symptoms of exposed people?		
Onset of symptoms? (immediate, minutes, hours, days, etc.)		
Other additional information:		

Test(s) Requested? Check box(es) below			
	Cyanide		Pesticides
	Trace Metals		Volatile Organic Compounds
	Nerve Agents		Lewisites
	Mustard/Blister		Riot/Choking Agents
	Culture		Ricin
	PCR		Anthrax
	TRF		
	Other (specify):		
Potential identity(s) of agent(s)?			
Source of samples?			
Detailed Description of Sample(s):			

Initial “yes” or “no” next to each criteria for the specimen(s) in this batch.

YES

NO

**DPHL
staff only**

The Sample(s) is...

Properly stored during transport (See specimen collection guidance)?			
Separated by sample type?			
Labeled with facility/group or specimen identifier?			
Properly contained with sorbent (no leaks or cracks)?			
Triaged? (Complete Field Triage Form - next page)			
Packaged in a minimum of double layer containment?			
Contains a minimum of two field blanks for each specimen type?			
Contains a minimum of two lot blanks for each specimen type?			
Contains an intact custody seal (2 layers) and is initialed and dated by collector?			
Includes a Chain of Custody Sheet for each sample type?			

Shaded area to be completed by DPHL Personnel ONLY

Priority of Testing (CIRCLE): CRITICAL (STAT) MODERATE (ROUTINE) EXERCISE



FIELD TRIAGE FORM

DIRECTIONS: Complete the table below for each sample batch. For clinical samples, use clinical forms.
Complete and attach "DPHL Chain of Custody for Environmental Samples" for each *batch*.
Complete DPHL "Chain of Custody Form for Multiple Environmental Preparedness Samples" for *each* sample.

Check Box(es) below for Test Performed	Result? (Check box below)		Triage Information	
	Negative	Positive	Complete this section for each test listed below. Detail any additional testing performed under "other".	
			Explosives:	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Radiation:	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Chemicals:	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Biologicals:	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Other (specify):	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
			Other (specify):	
			Name/Organization:	
			Date/Time:	
			Test/Instrument used:	
			Identity of material(s):	
Shaded area to be completed at DPHL ONLY				
CLEARED FOR PREPAREDNESS ANALYSIS?				
Submitter printed name/signature: _____			YES	NO
DPHL receiver printed name/signature: _____			YES	NO



DIRECTIONS: Complete this form for each sample and specimen type with multiple preparedness samples.

Complete “DPHL Chain of Custody for Environmental Preparedness Samples” for each sample container.

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DPHL Request for Enviromental Preparedness Testing Updated 0708 Page 3



Complete “DPHL Chain of Custody for Environmental Preparedness Samples” for each sample container.

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DPHL Request for Enviromental Preparedness Testing Updated 0708 Page 4



SKETCH/NOTES:



SKETCH/NOTES:



CHAIN OF CUSTODY FOR ENVIRONMENTAL PREPAREDNESS SAMPLES

Date: _____

Collection Time: _____

Page ____ of ____

DIRECTIONS: Complete this form for each sample container. For clinical samples use clinical forms.
Complete the "DPHL Request For Preparedness Specimen Testing" Form for each sample batch.
Note the storage location if specimens are stored. If specimens are stored other than under ambient conditions, note the conditions in the reason area.

Original Specimen Collected by (Print and Sign): _____

Collection Date:

Collection Time:

Sample ID:	Storage Conditions & Location:	
Number of specimens:	Security Conditions & Location:	
Specimen type:	Container type:	
Brief Description of Sample(s):		
Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		

Shaded area to be completed by DPHL Personnel ONLY

Priority of Testing (CIRCLE): CRITICAL (STAT) MODERATE (ROUTINE) EXERCISE



CHAIN OF CUSTODY FOR ENVIRONMENTAL PREPAREDNESS SAMPLES

Sample ID: _____

Page ____ of ____

Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		
Received by: (print/sign)	Date:	Time:
Organization:		
Relinquished by: (print/sign)		
Reason:		
Received by: (print/sign)	Date:	Time:
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Organization:		
Relinquished by: (print/sign)		
Reason:		

